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CONFIRMATION NO. 6623

<b>SERIAL NUMBER</b> 10/681,821	<b>FILING OR 371(c) DATE</b> 10/07/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 31513-701.201
<b>APPLICANTS</b> Anant V. Hegde, Newark, CA; JJ Wally S. Buch, Atherton, CA; JJ				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,477 10/07/2002 JJ				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED JJ</b> <b>** 01/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 232
Examiner's Signature <u>[Signature]</u> Initials <u>JS</u>		<b>INDEPENDENT CLAIMS</b> 9		
<b>ADDRESS</b> 66854				
<b>TITLE</b> Vascular assist device and methods				
<b>FILING FEE RECEIVED</b> 5232	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	